

THE *Medical
Missionary*



September-October 1947

VOL. XXI

NO. 5

IN THIS ISSUE:

GOLD FOR THE GLEANING	67
NURSING IN THE MISSIONS	68
Sister M. Cecilia, S. C. M. M., R. N.	
AFRICA WAITS	71
THE FOURTH GENERAL CHAPTER	72
LONDON — YESTERDAY AND TODAY	74
Sister M. Elizabeth, S. C. M. M.	
MOTORING TO MANDAR	76
Sister M. Pauline, S. C. M. M., R. N.	
AT HOME AND ABROAD	78
MISSION CLIPPER	79

ACROSS THE PAGES . . .

The countries of the Orient hold a fascination for most people; they challenge the nurse. "Nursing in the missions is stripped down to essentials", says Sister M. Cecilia as she discusses "Nursing in the Missions".

In "Africa Waits" we invite our readers to help us on our way to Africa. The house there stands empty, waiting for our Sisters to come fill it.

"London — Yesterday and Today" by Sister M. Elizabeth, superior of the Medical Mission House in Osterley, England, gives a glimpse of English life at present.

In "Motoring to Mandar" we take a bus ride with Sister M. Pauline from Patna to our new Holy Family Hospital in Mandar.

YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of \$..... for its general purposes."

THE
MEDICAL MISSIONARY

8400 Pine Road

PHILADELPHIA, PA.

Member of the Catholic Press
Association

SISTER M. ADELAIDE, S.C.M.M.

Editor

Published monthly by The Society of
Catholic Medical Missionaries, Inc.,
8400 Pine Road, Philadelphia 11, Pa.,
in the interest of Medical Missions and
Women of the Orient.

SUBSCRIPTION . .

\$1 per year; \$5 for 6 years

Entered as second class matter, Sep-
tember 11, 1928, at the Post Office of
Philadelphia, Pa., under the Act of
March 3, 1879.

The Society of Catholic Med-
ical Missionaries is a religious
community of women founded
in 1925 for the purpose of pro-
viding medical care for the sick
in the foreign missions.

The Motherhouse and Novi-
tiate are located in Fox Chase,
Philadelphia, Pa. There is also
a House of Studies in Brook-
land, Washington, D. C., and
Houses of Postulate in England
and Holland.

The main activities of the
Society include the conducting
of hospitals, dispensaries, ma-
ternity and child welfare cen-
ters, training schools for native
nurses and midwives, and sim-
ilar health works.

Medical Mission Centers
conducted by the Society in
India and the United States
are:

HOLY FAMILY HOSPITAL

Rawalpindi, India

HOLY FAMILY HOSPITAL

Patna, India

MITFORD MUNICIPAL HOSPITAL.

Dacca, Bengal, India

THE SANTA FE CATHOLIC

MATERNITY INST., Santa Fe, N. M.

THE CATHOLIC COLORED CLINIC

Atlanta, Georgia

It is the purpose of the Soci-
ety to send Medical Mission-
aries to any mission field of
the world. The Society has
many requests; it needs many
vocations.

Notice to Subscribers

Owing to difficulties in obtain-
ing paper we are combining
the September and October
issues.

GOLD FOR THE GLEANING

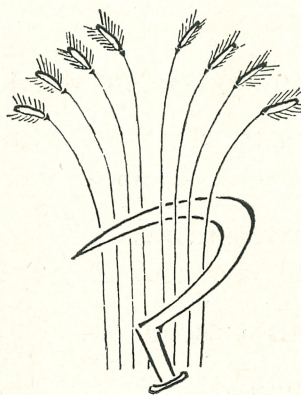
There's gold for the gleaning in the missionary fields of the world. All that is needed is the missionaries, the gleaners. St. Therese of the Child Jesus fully realized this when writing to a missionary a short time before her death in 1897. "Let us work together for the salvation of souls! We have but the one day of this life to save them, and so give to Our Lord a proof of our love. Tomorrow will be eternity."

Missionaries are laboring in every country trying to gather the poor, the sick, the weak, the ignorant into the granary of Christ — into the Church. The laborers are too few else the harvest would be ours. But we must glean what we can. Souls are golden nuggets which, garnered for Christ's Kingdom, will be our treasure in Heaven.

On the fiftieth anniversary of the departure to Heaven of the Little Flower, the Patroness of Missions, all Catholics should celebrate her Feast Day, October 3, by uniting with her in her **little** mission of saving souls through prayer and sacrifice. Mission Sunday, October 19, presents the opportunity of every Catholic proving that he is truly interested in fulfilling Our Lord's command "Go preach the Gospel to every creature." Prayer, personal dedication, and almsgiving are three ways of becoming missionaries.

The Holy Father depends upon each of us: "America is my comfort and consolation these sad days," stated His Holiness. "She is the light of the world and the star of hope in these dark times. The missions have suffered a great deal as a result of cruel wars, but their rehabilitation and the continuance of their spiritual and corporal works of mercy and charity will prosper under the grace of God, through the spiritual and material assistance, so characteristic of the American people, who are known to forget self, when their brothers are in suffering and misery."

Let us not permit this golden opportunity to pass; let us become missionaries in spirit and truth. If St. Therese could say "I will spend my Heaven in doing good upon earth," cannot each of us answer, "I will spend my earth in gaining souls for Heaven." Yes, each soul is a golden grain to be gleaned for Christ, the Master of the harvest.



Nursing In The Missions

SISTER M. CECILIA, S.C.M.M., R.N.

The names of the countries of the Orient, India, Burma, China, have a fascinating sound to most people. They conjure up waving palm trees, sun-baked desert sands, deep blue skies, dark-skinned, sleek-haired people, temple bells and elephants, and all the sweet, hot pungent smells of the "spices of Araby." Yet nurses, better informed and more interested than the average person, will usually think of the darker side of the picture as well; of leprosy, malaria and dysentery, of high maternal and infant mortality, due to early marriage, dirty habits and lack of medical care, of unrelieved suffering and unnecessary deaths. The yearning to help should and does grow with the ability to do so.

Both sides of the picture are equally true. Undoubtedly the mission countries are fascinating, and yet their helpless misery, both physical and spiritual, wrings the heart. Perhaps these two factors largely account for the attraction of a missionary vocation, an attraction which would surely be more widely felt in America, if the facts were better known. Of course, a vocation to the religious and missionary life is a gift of God, but human means must not be neglected, and no one can love what she does not know.

Nursing in the missions is essentially the same intelligent, thoughtful, tireless service of the sick that it is in the home countries, but it is largely stripped down to essentials, with many of the trappings and side-issues, that flow from social environment, either wholly or entirely removed. Missionary Sisters have no worries about their personal finances, about promotion, pensions, or family affairs. They literally "seek first the Kingdom of God," and then they find out that "all the rest shall be added unto them," good measure, pressed down and heaped over."

The differences between the diseases in the United States and the tropics are, of course, very great, but they soon become familiar and commonplace. Cholera becomes no more remarkable than appendicitis, and trypanosomiasis trips off the tongue as easily as pneumonia! But the patients themselves, their habits, desires and needs, they are and remain very different, indeed. On the whole, we find them simpler and less demanding in many ways. They require much less "hotel care," fewer amenities of life, and very few accessory services. In Indian mission hospitals there will be no flowers to fuss over, no radio to tune, no reading lamps to adjust, no toilet tables and bookstands to keep in order! Administrative

duties, also, charts and files and bills and duplicates of everything, are cut down to the absolute minimum, and thus take up much less time and energy.

There remains "straight" nursing: the prevention and relief of pain and discomfort, the administration of medicines and treatments, the maintaining of order and cleanliness, the theatre, delivery room, and outpatient departments, and the teaching. Most of the patients who enter the mission hospitals are very sick indeed, often desperately ill, for there are not as many hospitals in India as there are in our own country. The number of beds available in India, and this includes all the specialties, is about 73,000, or only one bed for 4,000 of the population.

Preventable and curable illnesses abound in India. While they are a true indication of the low standard of health in that country, they also imply that nursing must be most interesting and satisfying, for what can compare to seeing a patient get well of a serious illness? Accurate death rates cannot be given, for the simple reason that the village "watchman" (a sort of rural policeman) is the only source of the vital statistics collected in the rural areas, where the greater part of the population lives. But even he cannot mistake cholera, and the annual death toll of that disease is still about 150,000. Smallpox accounts for about 70,000 deaths per year, despite the ease and availability of vaccination. The dysenteries and diarrheas take a terrific toll, especially among the young; 250,000 per year. A large heading in the country's statistics is laconically called "Fever." It includes malaria, tuberculosis, typhoid and kala azar mainly, although it may cover up almost any kind of prolonged illness. The conglomeration takes up about 3,500,000 fatalities per year.

It is a fact that India could be the healthiest country in the world, if only it were cleaned up and fed properly! But that is a very large "if" indeed, and it brings out the enormity and the importance of preventive medical work in the tropical countries. Here the nurse has a large and interesting share, for it is she who can bring the findings of modern hygiene and the rules of healthy living to the individual people, by her example, advice and instruction, given all day long, and quite informally, at the bedside, in the dispensary, and on visits. India is still largely illiterate, so all this work has to be done by word of mouth, and the nurse is the obvious person to take care of this.

Mission Nursing in India



*East and West united in Nursing Care
Holy Family Hospital, Patna*



*Introducing Indian Students
to Operating Room Technique*



*Veiled Mohammedan women
depend upon nurses and
women doctors for maternal
and medical care*

*Preparing to swell the small army of
7,000 nurses in a land of
400,000,000 people*



Even more obvious and lasting good is achieved by the teaching of native girls, and especially of religious sisters, who will not desert the profession in favour of a husband! But this also is not an easy task, and often the hardest part of all is to find the girls who are willing and capable of undergoing a nurse's training. Hindus, for instance, have many caste rules which do not mix well with nursing ideals. Maternity patients are considered religiously unclean, and as such are taboo, debarred from the main part of the house and not touched by the rest of the family, except by a dirty old servant woman. When our Sisters attend these cases in the homes of the people, they are led by a low-caste woman to a shed at the back of the house, where the poor young mother and baby will be confined until after the ceremonial bath, usually about ten days after the delivery. No matter how dirty, exposed, and unsuitable this lean-to may be, it is all the accommodation the patient and her nurse can expect. Even the midwife is forbidden in the house, and anything she requires will be, not handed, but thrown at her.

A corpse can be touched only by certain male members of the family, who must perform certain ablutions and purification ceremonies, including the shaving of their entire heads, after the cremation. Even trained Hindu nurses have been known to refuse to handle a dead body, for such age-old traditions are overcome with great difficulty. Food is another item which is ruled and hedged in by caste ceremonial. A shadow of a sweeper or outcast falling on the cooked food makes it unclean, and fit only to be thrown to the dogs. Hence nearly all the Hindu patients refuse hospital food, and will eat only their own home cooking. Their vegetarian rules, which vary from caste to caste and from individual to individual, also interfere with a well-balanced centrally prepared, hospital diet.

Mohammedan girls do not generally become nurses, either. As soon as they become of marriageable age, they go in "purdah," and from then on quite literally live "behind a curtain." They may not show their faces to any strange man, who does not belong to the immediate

family. In the streets they go, veiled from top to toe, in a hideous garment called a "burkah," which effectively hides them from all male eyes. Naturally such a custom cuts short all education, except for the wealthy who can afford private tutors or strictly female institutions. It makes nursing education quite impossible.

This, by a process of elimination, leaves only the Christian nurses! A few Hindu widows, some low caste, but better educated girls, and an occasional emancipated Mohammedan, are the only exceptions. All the rest of the Indian nurses are either Catholic or Protestant, many of them being Anglo-Indians, and the rest converts or descendants of converts. These have attended mission schools, where they have acquired a fair standard of education, some discipline, and the fundamentals of the Christian religion, which considers God our Father, and all men as brothers. In addition, she understands the mentality of the people, their dialects, their customs, and their whole outlook on life. Given a good training, up to the international standards of trained nurses, she will be a God-send to her people, more than any foreign missionary can ever hope to be. There are only 7,000 trained nurses in India or one to every 56,000 people. At least 800,000 nurses are needed in India to bring the nursing service up to the required level.

Their training is not so easy! These girls, too, are the products of their environment and inheritance, and they need to be taught many things which American girls have known from babyhood, and have always taken for granted. Most of our pupil nurses come from the villages. They have no contact with the amenities of life as we know them, furniture, glassware, dishes, running water, electricity, motor cars, clocks, motion pictures! Hospital equipment, syringes, thermometers, instruments, sterile gloves, all are much more strange to them than they ever were to us, and it takes a long time before that attitude wears off. Punctuality, neatness, professional dignity, reserve, planned working methods, all have to be instilled "with a dropper," for the transition from their easy-going, leisurely, unthinking, home life to that of a hard-working nurse is very great, indeed.

Missionaries in primitive countries cannot content themselves with psalms and preaching. They must improve the social status of the natives. They must build schools and hospitals and workshops and teach the practical trades and agriculture. They must know how to swing the ax, handle the spade, hammer, and saw. Because the newer foreign mission congregations have learned that lesson, because they show vigor and originality and understand the human needs of the people, is one of the reasons of their phenomenal success. They have modernized their mission activities."

—Most Rev. Joseph H. Schlarman.

AFRICA WAITS

Our mission-to-be in Berekum, on the Gold Coast of Africa, awaits the coming of the Sisters. The Right Reverend Bishop H. J. Paulissen, Vicar Apostolic of Kumasi, for a number of years has been making every effort to establish a medical mission center in his diocese. The convent and dispensary have been built, and a recent letter from His Excellency urges us to hasten our entrance into Africa.

Bishop's House
Kumasi, Gold Coast
August 1, 1947

Dear Reverend Mother,

On my return from Berekum yesterday evening, your kind letter of July 18 was handed over to me. I am glad to hear that preparations are being made towards your General Chapter and hence, towards your coming to West Africa where your arrival is impatiently looked for.

In answer to your inquiry concerning what you should bring with you, may I suggest as follows:

1. You will find here a Dispensary with four rooms, but **empty**. Thus anything you can bring in the nature of medical supplies and instruments will be very necessary.
2. For the Chapel: vestments, altar linen, candlesticks, ciborium, flower vases, carpet.
3. For the Sisters: a complete outfit, not forgetting the tropical helmet.
4. For the kitchen: the necessary pots and pans, crockery, and if possible, some canned and dried provisions.
5. For the house: crucifixes and holy pictures, the necessary spiritual and professional books, and a sewing machine.

All these articles will certainly be very useful, the medicines and the instruments necessary. But if the Sisters come with only their outfit,—in addition to a real supernatural spirit of devotion and charity, all the rest is of secondary importance and can be had here,—but, as you were informed, at exorbitant prices. In case you should meet some charitable person willing to let you have some pecuniary aid, it would be very much appreciated, especially to defray the cost of the traveling.

Praying God to bless you all, and hoping to hear definite news, I remain with all good wishes,

Yours very sincerely in J. C.

H. Paulissen
v.a.

Within the past few months a number of missionaries from Africa have visited the

Motherhouse to present the great need for missionaries in that vast continent. His Excellency J. J. M. Blomjous, a White Father from Tanganyika Territory stated: "It is now or never. Missionary priests and sisters are needed now if Africa's millions are to be brought into the true Faith. Fifty years from NOW they will NEVER become members of the Church. Sisters to open schools, sisters to form native sisterhoods, sisters to conduct hospitals, are needed now. Heretofore the main obstacle to conversion has been the old paganism, but this is dying, especially among the younger generation. Today it is not the fashion to be a pagan and the main trend is toward the Catholic religion. If, within the next few years, the people are not given the opportunity of becoming Christians, they will turn to Mohammedanism, just to have some religion, for they are naturally religious.

The population of Africa remains about the same because of the high infant mortality. Sixty to seventy per cent of the children die before the age of three years, principally due to lack of hygiene and tropical diseases. Medical Missions are urgently needed, not as a means of approach to the people as in India, but as a necessity for the health of these peoples."

Both Bishop Blomjous and Reverend Francis Figl, a Mill Hill Father, describe the natives as grown-up children, very likeable, who neither worry nor hurry. A few incidents bring out these characteristics. It seems as though time does not exist in Africa. If there are two trains, one on Monday and one on Thursday, a native would never hurry to catch the Monday train because he can always take the one on Thursday.

During a campaign in Abyssinia a convoy of trucks was going up a narrow mountain pass. The British officer in the rear saw one of them suddenly go over the steep embankment. As he looked down one of the natives crawled out of the wreck, and looking up saw his superior officer and saluted just as though nothing had happened. They are always calm.

On one occasion His Excellency was traveling and a native was driving the car. They came to a bridge made of two beams and wooden planks. Two of the three planks were missing. When the driver started to cross the bridge, His Excellency called to him to stop. "Why?" he asked, "Do you not see the beams?" The Bishop got out and walked across, but the native drove over the two beams without hesitation. They see no danger.

We ask our readers to help us answer Bishop Paulissen's appeal, by aiding us to secure the needed equipment for this mission.

Homecoming

THE FOURTH GE

The Fourth General Chapter of the Society opened on August 8. At the general election on August 11, at which His Eminence, Dennis Cardinal Dougherty, presided, Mother Anna Dengel, M. D. was re-elected Superior General of the Society.

The Sister-delegates began arriving at the Motherhouse toward the end of July, some by boat and some by plane. It was a happy homecoming since this is the first time that most of the Sisters have returned to the United States since their departure to the foreign missions. There were four from India, four from Holland, two from England, three from Santa Fe, and two from Atlanta, Georgia. We shall introduce you to each of our mission delegates.

Sister M. Laetitia, R. N., one of the first four pioneer members of the Society, returned from India via the Pacific Ocean, traveling to the Philippines by boat, and from there to San Francisco by plane. Sister M. Laetitia has spent most of her religious life in India, and in March of this year opened our new village hospital in Mandar, Ranchi Diocese. She was recently awarded the Kaiser-I-Hind Silver Medal for her pioneering hospital work in India and for her efforts in the training of native nurses.

This was the first trip home for Sister M. Alma Lalinsky, M.D. who went to India in 1938 after graduating from Woman's Medical College and interning at Misericordia Hospital in Philadelphia. Sister Alma is superior of Holy Family Hospital in Rawalpindi, and gives encouraging reports of the progress being made on the building of the new hospital. Sister M. Alma came from India by plane and expects to return to her mission by boat within the next month.

Sister M. Elise Wijnen, M.D., a graduate of Woman's Medical College, Philadelphia, who has been stationed at Holy Family Hospital in Patna, India, returned home with Sister M. Pauline, R.N., who has been superior of the novitiate for Indian Medical Mission Sisters. These Sisters left India by boat on June 15, and arrived in Boston on July 22.

Sister M. Elizabeth, superior, and Sister M. Monica represented our English house, the latter having been there all during the war. The



Sisters arrived in New York by boat.

Representatives from the Medical Mission Sisters in Holland include Sister M. Eleanor Lippits, M.D., Sister M. Agatha, R.N., Sister M. Miriam and Sister M. Agnes. Sister M. Eleanor, M.D., a graduate of George Washington University Medical School, Washington, D. C., founded the Holland house in 1939, which now numbers 68 members. Sister M. Eleanor came to the United States by plane and the other three Sisters by boat.

From the Catholic Maternity Clinic in Santa

Departure

GENERAL CHAPTER



Fe, the Sister-delegates were Sister M. Helen, R.N., Sister M. Theophane, R.N., and Sister M. Michael, R.N.

Sister M. Madeleine Sophie and Sister M. Clare, R.N., represented the Catholic Colored Clinic in Atlanta, Georgia.

The General Chapter closed on August 29. The members of the General Council are: Sister M. Laetitia, Sister M. Helen, Sister M. Madeleine Sophie, and Sister M. Pauline. Sister M. Loretto is General Secretary and Sister M. Alphonsa, General Treasurer.

To date the following Sisters have received their appointments. Sister M. Pauline is mistress of novices, Sister Madeleine Sophie, mistress of postulants, and Sister M. Helen, superior at the Motherhouse.

In the near future there will be a number of departures for the Indian missions. On August 29, Sister M. Rosina, R.N. sailed for Holland to visit at her home in Lisse before going to Holy Family Hospital, Rawalpindi. Two of the Sisters from the Dutch house accompanied her. Sister M. Rosina received her nurse's training in Hoorn, Holland, before entering the Society.

Sister M. Xavier, former superior at the Motherhouse, has been missioned to the new Holy Family Hospital in Mandar, Ranchi Diocese, India.

Sister M. Clare, R.N. expects to sail for India September 25 with Sister M. Alma Lalinsky, M.D., who is returning to Holy Family Hospital, Rawalpindi. Sister M. Clare trained at Providence Hospital and received a B.S. degree in Nursing Education at the Catholic University, Washington, D. C. For the past three years Sister Clare has been at the Catholic Colored Clinic in Atlanta, Georgia.

Sister M. Jane Frances has been missioned to Holy Family Hospital, Patna, India. Sister is a graduate of George Washington University School of Pharmacy and did her practical work at Doctors' Hospital, Washington, D. C.

Sister M. Christopher, who attended the Taylor Business School in Philadelphia, is preparing to go to Rawalpindi to do the book-keeping and office work at Holy Family Hospital.

Sister M. Adelaide, present editor of the Medical Missionary, expects to go to Patna, India, where as associate editor, she will help with publicity work in the mission field.

Sister M. Elise Wijnen, M.D., a graduate of Woman's Medical College, Philadelphia, will return to Holy Family Hospital, Patna. Sister Elise has been in India since 1941.

Sister M. Katherine, former superior of the Society's house of studies, Washington, D. C., will sail as soon as possible for the Medical Mission House in Osterley, England, where she will be superior.

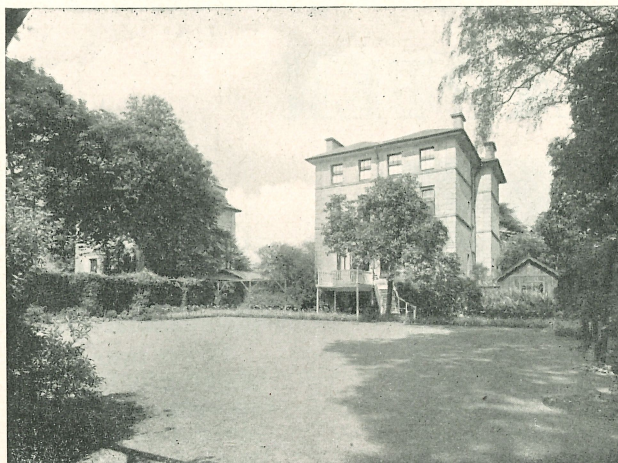
London — Yesterday and Today

SISTER M. ELIZABETH, S.C.M.M.

The day I received a letter asking me to write my impressions of London of today as compared with the London I knew from 1934 to 1939, I also received from another source Alice Curtayne's article in the *Commonweal* entitled "London's Woe." This will be partly a review of that article with additions and subtractions.

To begin, Mrs. Grundy is dead, quite dead. I remember in 1934 when I was going just around the corner, my Superior said: "Oh, you must not go out without gloves,—people would be shocked." No one is shocked any more. Everyone carries, not just paper parcels but newspaper parcels and buckets with potato peels for our chickens. Yes, Mrs. Grundy is certainly dead.

We all talk of food every day and many times a day. The great triumph is not that you won the Sweepstakes, but that you have discovered a place where you can buy some item of food (it matters not what), or that something has gone off the ration. But how could it be otherwise? In 1939 the milkman called twice a day, the butcher boy rang the bell about nine in the morning and then delivered your order an hour later. You bought your potatoes by the bag, and you either picked out your vegetables at the green grocers or telephoned for them and, of course, they were delivered at your door. Today, the housewife, or the father of the family, or perhaps one of the children attach themselves to the end of a long queue—unless they are spry enough to get there first—fifteen or twenty minutes before the shop is opened. The baker is the most popular because if you are early enough you can get "no-coupon" bread, that is bread a day old. The baker you are registered with will deliver your ration but sometimes he hasn't your full ration left and then he dumps it on the floor of the lobby (vestibule), rings the bell, and goes away. The green grocer may sell you ten pounds of potatoes but in the winter he would not give you more than two and a half pounds, so you have to go to two green grocers to get enough for one meal,—and if you have no macaroni or rice, one must buy potatoes daily. As your



meat ration lasts for two meals at the most, you usually buy fish twice a week and eke out the remaining meals with sausage meat, which is off the ration. Consequently queuing is the main and most important part of one's existence in London today. If even one-tenth of the time, energy and labor of queuing were put into manufacturing or agriculture, much

would be accomplished.

At first I thought shopping could be cut down to three times a week, but with the potato problem, oil for our oil heater (one could only get a gallon at a time) and the other things, I resigned myself to doing in England as England does. My first impulse was to take a taxi and go into Covent Garden—the big market, and stock up on potatoes, cabbages, fruit, etc. But, no. Unless you had a friend there, he would not sell you a bag of potatoes nor anything wholesale and you would pay your taxi fare for nothing.

I corroborate everything Mrs. Curtayne says about the shops. They make one feel so sorry for a London of yesterday which cannot be recalled. The Army and Navy Stores used to be a pleasure to walk through. They are not so any more, although I think they have improved a little bit, even since last November. There are all sorts of signs in the shop, such as "Please take the lifts to the higher floors only." One is supposed to walk up one or two flights. Try to get rubbers! You see them in the shop windows and then looking closer see "only in sizes 2½ and 3."

Mrs. Curtayne is, I believe, wrong about the Catholic Evidence Guild and other speakers at Hyde Park Corner on Sunday afternoons because a missionary from Switzerland went in several times and told us about it, and apparently there is still much interest and quite an audience. She was probably here on a particularly "grim" Sunday afternoon.

The people we see around us are for the most part very cheerful, though extremely few are over-weight and many are a bit haggard looking, particularly the older people. The children on the whole look well taken care of, but

I have not been in the really poor districts. Every school child gets a much better dinner at school than his parents can obtain for him at home. At least that is what they tell me, and every school must provide free milk.

Yesterday I was over in the East End, which was terribly bombed. At Upton Park one side of the main street for blocks seemed to have been mostly burnt out or destroyed. A very fine church was just a skeleton. Some of the little shops had new fronts and only the upstairs remained empty and blackened. It was Saturday afternoon and the streets were crowded with very cheerful working people. The market is around the corner from the underground and what struck me was that in all that crowd where not one person looked prosperous, their chief purchase seemed to be flowers, daffodils, narcissus, geraniums. A man was most lovingly carrying a box of tomato plants, and seemed most contentedly oblivious of all around him. No, I do



Our Miniature English Publication

not find the English people depressed,—only some of them and sometimes. The English people are an extraordinarily patient, enduring people. Call it stubbornness, or call it grit, whatever you will, or call it philosophical,—they seem to me for the greater part to be cheerful and almost gay. And they do speak to strangers as never before. The raids brought people together and I believe the ice is broken for good.

One lady asked me if I found England changed. I said: "Yes, very much. Don't you?" She said, "Well I suppose it has come so gradually we hardly notice it."

Our Medical Mission house in Osterley, Middlesex, England, while safely withstanding the ravages of the war, has received no vocations principally because so many of the young women were recruited. We are hoping, and praying, and making efforts to open a novitiate here in the near future.

NOVITIATE NEWS



Our novices at St. Therese's Novitiate usually keep out of the public eye, but the other day someone saw them in the orchard, and drew this picture which shows that apple picking is one of the daily chores of the novices at this season of the year.

The new postulants arrived after the Chapter, but the novices did not welcome them as usual because St. Therese's Novitiate was too small to accommodate the new group. They have taken up their residence in what was the old novitiate at the Motherhouse, with Sister Madeleine Sophie as mistress of postulants.

MOTORING TO MANDAR

SISTER M. PAULINE, S.C.M.M., R.N.



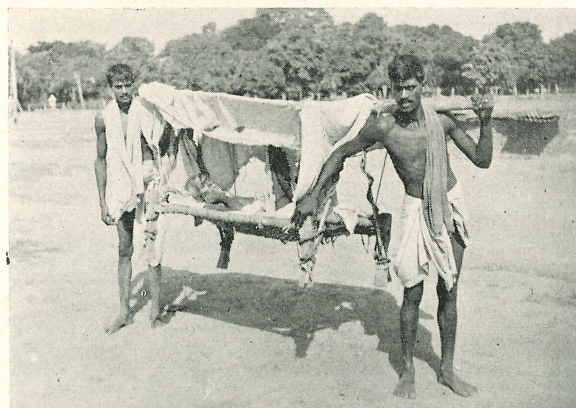
Sister Traveled by Bus

With a great deal of sputtering and coughing and smoking, our bus leaped forward and started its noisy way down the main thoroughfare of Ranchi. I heaved a sigh of relief and settled back to enjoy the last lap of the two hundred mile journey from Patna to our new mission in Mandar, seventeen miles outside of Ranchi. It was rather a high class bus, run on charcoal. The seat beside the driver was first class, the bench behind the driver second class for men, the third row second class for women, and the whole back section third class. We had progressed about half a mile when someone shouted from the back that three or four bundles had fallen from the top of the bus. "I knew it", exclaimed the driver as he brought the bus to a sudden stop. "I told Baktu he should lay them on their side, but he stood them on end." Baktu leaped from the bus and tossed the fallen bundles to the top with much shouting and expostulating. Three or four men took advantage of our halt and decided this bus was going in their direction, so jumped on.

We started on our way again, chugging along at twenty miles an hour when there appeared a crowd of men in front of us, and a man dressed in his Sunday best rushed out to stop the bus. After much haggling about the price of the seats and how many were available, the driver blew the horn furiously and a group of women came out of a nearby house leading a young girl-bride. Her lovely orange colored sari with a three inch gold border was scarcely visible beneath a heavy flowered veil covering her face and head and falling below her knees. Two women led her to the bus for she could not see where to place her feet, encumbered also by heavy silver ankle bracelets and rings on every toe. She stumbled up the steps of the

bus to the second class women's seats which were already full, but room was made for her to sit down. The two women accompanying her squatted on the floor. Another old lady shedding profuse tears, pleaded to come but everyone in the bus joined in comforting her and explaining that there was no room in the bus. The groom, shy and embarrassed, dressed in a new white shirt and dhoti spattered with various colors of dye which had doubtless been thrown on him as we throw rice, squeezed into a tiny space made for him near the driver. It was easy to see the little bride was weeping but she did not utter a word nor raise her heavy veil from her face, although it was stifling hot. At least the farewells to the wedding group were said and we "sputtered" on our way once more.

I did not know just where Holy Family Hospital was but many of the passengers did and assured me they would see that I got off at the right place. The first thing one asks of another in a bus or a train in India is "Where are you going?" After an hour and a half we came to a very small building marked "Mandar Post Office," and in ten minutes a group of newly built brick buildings came into view and I was informed that this was my halt. Indeed, a large sign at the brick gate, written in Hindi and English, proved without a doubt that this was a Catholic hospital. In a one story building the dispensary, doctors' consulting rooms, patients' private rooms, two operating rooms and two delivery rooms are located. A short distance behind this building are two long airy buildings of simple and neat structure, one building for women and one for men. To the left of one of these is the kitchen. The



The Patient Arrived in this Fashion

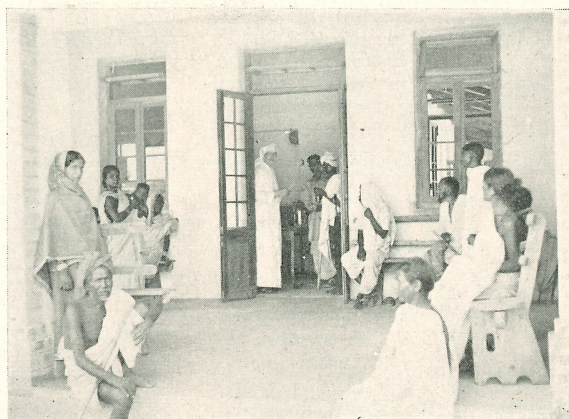
entire hospital has an eighty bed capacity.

After Sister Ignatius Marie had greeted me warmly, I looked inquiringly for Sister Barbara, but was told that she was out with the bicycle on a call in a nearby village. While making a tour of the hospital and grounds, Sister told me that the patients had started to pour in as soon as it was known that the Sisters had arrived at Mandar. Patients were carried five and ten miles, so it was not easy to refuse them although the beds had not yet been delivered from Calcutta. Even while I stood talking to Sister, two men came in with their old father in a very critical condition, carrying the simple string bed suspended from poles on their shoulders. One look showed that there was very little hope but they begged to have him admitted. As we made the rounds, it was clearly evident that even though these buildings were not yet completed, another fifty bed ward could be built and filled in a short time. "From where do the people come?" I inquired. "I don't see anything but fields," Sister said that for miles and miles around there are numerous villages with no medical facilities at all. The people are "starved" for medical care.

One day the Indian nurse came to Sister and said, "May I put two patients in the large wooden bed?" As Sister looked surprised, she hastened to add, "Oh, they are father and son." There were no other beds so I suppose that the father and son did feel lucky to share the bed. During my stay in Mandar, Sister Barbara who had just returned from the village remarked

that she had to perform an operation in fifteen minutes. "But you just came in, why don't you get your breath after that bicycle ride?" I remarked. "Well," she said, "it has to be done because the patient must be ready to go home before they take the bridge down. 'Take the bridge down?' I exclaimed. 'It is like this', she continued. 'The rains are going to start in a few days and the people always take this particular bridge down, which is on the road to Christina's house, because the rains would wash it away. When the rains are over they put it up again.'"

All too soon it came time for me to motor back to Patna and then on to Calcutta to catch the boat for home.



The Porch of Holy Family Hospital, Mandar

Postscript from Patna:

It was interesting to see our new hospital in Mandar, but it was even a greater joy to visit Holy Family Hospital, Patna, after an absence of five years. Things have changed! I could scarcely find my way around the various buildings that had sprung up, so Sister Cecilia took me on a personally conducted tour. The long airy building with its two wards to accommodate 40 beds and a unit of four operating rooms; the solid brick building with the spacious dispensary, doctors' offices, and waiting rooms on the first floor, and six private rooms especially for Mohammedan women on the second floor; the quonset hut purchased from the army and built up on a four foot cement wall, making a comfortable dormitory for the student nurses—all this shows steady progress and the great need for a larger hospital to cope with the ever increasing numbers of patients seeking admission and care. Sister pointed out with pride the hospital furnishings which they were able to purchase from the surplus army supplies.

There are now about forty student nurses in training, half being native Sisters of various communities. Young Indian girls, chic and neat in their simple white uniforms and caps, with their cheery greetings and flashing smile told that they had found a great happiness here, learning for the first time in their lives the happiness and contentment that comes with the serving of their suffering fellowmen.



AT HOME AND ABROAD



A WELCOME FOR OUR BISHOPS:

Our Sisters in Dacca, Rawalpindi and Patna join us in welcoming the new Bishops to their dioceses in which our missions are located.

The Most Reverend Lawrence L. Graner, C. S. C., who was consecrated in April as Bishop of Dacca at the University of Notre Dame, Indiana, is the seventh priest of the United Province of the Congregation of Holy Cross to be made a bishop. Our Sisters are in charge of the nursing and training school at Mitford Hospital in Dacca.

Reverend Father Nicholas Hettinga, who was ordained at St. Joseph's Foreign Missionary College, Mill Hill, London, fourteen years ago, has been appointed first Bishop of Rawalpindi, formerly the vicariate of Kafristan and Kashmir. Monsignor Hettinga, born in Holland, completed his studies at Mill Hill and went to India shortly after becoming a priest. Holy Family Hospital in Rawalpindi was our first mission.

Reverend August F. Wildermuth, S. J., who has been appointed Bishop-elect for the Patna Diocese will be consecrated in Chicago in October. Father Wildermuth has long been a friend of the Sisters at Holy Family Hospital in Patna.

We also extend our congratulations to Right Rev. Msgr. Thomas J. McDonnell, National Director of the Society for the Propagation of the Faith, upon his appointment as auxiliary bishop of New York.

PROFESSION AND RECEPTION

The annual retreat at the Motherhouse, conducted by the Reverend John B. Delaunay, C. S. C. of the University of Portland, Oregon, closed on the Feast of the Transfiguration with the reception and profession ceremony.

The Right Reverend Monsignor Thomas F. McNally presided at the ceremony, assisted by the Reverend Charles Mahoney, C. S. C. The Right Reverend Monsignor Francis J. Jansen of Hammond, Indiana, uncle of Sister Paul Marie, was present in the sanctuary.

Father Delaunay spoke of the religious life as a choice, a separ-

ation, a consecration and an immolation, and the vast mission field open to each Sister in the following of her vocation. "This your offering takes place on the glorious feast of the Transfiguration. On that day Our Lord took the beloved Apostles to the summit of the mount where He became resplendent with glory. When he returned to the plains He conquered the world with His love. Keep His doctrine of love in your hearts. Go and lay hands on the sick; open their eyes. What a glorious vocation is that of the Medical Mission Sister!"

Sister Jean Marie, Long Island, New York, made her final profession on this day. Sister M. Loretto, Buffalo, New York, made her final vows on August 15. Sister M. Timothy (Mary Ann Amann) Milwaukee, Wisconsin, and Sister M. Aloyse (Marie Irene Carey) Philadelphia, Pennsylvania, made first vows.

The postulants who received the habit of the Society are: Miss Helen Heires, Carroll, Iowa, Sister M. Martin; Miss Roberta Pellicer, St. Augustine, Florida, Sister M. Constance; Miss Marthe Saint Pierre, Rigaud, Quebec, Canada, Sister M. Martha; Miss Helen Jansen, Long Island, New York, Sister Paul Marie; Miss Agnes Hager, Kellogg, Minnesota, Sister Anne Marie; Miss Coletta Costello, Cleveland, Ohio, Sister M. Colette; Miss Ann Jagielski, St. Cloud, Minnesota, Sister M. Eugenia; Miss Helen Leary, Bala-Cynwyd, Pennsylvania, Sister M. De Sales.

PAKISTAN

Independence Day in India was celebrated August 15. It happens that our two missions in Pakistan are located in the capital cities. Dacca is the capital of East Pakistan, and letters from there tell us that some 5,000 officials and staffs have moved into the city recently. Rawalpindi, where our Holy Family Hospital is located, is the capital of West Pakistan. The Governor General, Ali Jinnah, has announced that the official language of Pakistan will be English.

From Dacca, East Pakistan, Sister Cecilia writes:

"The partitioning of India has resulted in the Hindus going to West Bengal and the Mohammedans coming to East Pakistan. The Anglo-Indians have been encouraged to come East. The East Pakistan flag is green with a white margin at the pole end representing the minorities. There is a star and crescent near the center of the green. There was a formal raising of the flag after the inauguration ceremonies in the city."

IN A RAILROAD STATION

Sister Alma Julia describes a scene in an Indian railroad station. "One evening while waiting in the station at Lahore for a train, I noticed an unusual crowd consisting of hundreds of Muslims. Upon inquiry I was told that they were waiting for the train from Karachi which was bringing pilgrims from Mecca. At least a hundred of these men were carrying garlands to put around someone's neck or necks. The platform was so mobbed that I decided to go elsewhere to get a good look. So I went up on the bridge just over the platform and the ticket collector gave me a nice little corner to myself to watch the show. It was like being in the gallery of a theatre.

"Someone was in command, and gradually order was established. The garland bearers stood in two straight rows, so the honored guest could walk down the center. When the Karachi train pulled in, the distinguished person was taken down the rows and each of that hundred or more men put his garland around the man's neck. By the time a dozen or more garlands were around his neck I began to wonder what would happen since there were about a hundred still waiting. But this is the way they solved that. When the pile of garlands became too thick and high, someone took them off and put them aside so that he could receive the garlands from the others in line. Some kissed his hands and even his feet. I neglected to ask his name on the scene, and the newspaper reporters were not on the alert, so the identity of this personage remains a secret.

SNAKES AND SCORPIONS:

Judging by Sister M. Pauline's stories, life at Mary Girl novitiate in South India has its exciting moments. She writes: "The coolies building Father's house killed three large and one small 'manchetti' snakes two days ago. It was fortunate that the coolies were here to kill them, since the 'manchetti' is more poisonous than the cobra if it stings one.

"Since then Sister M. Nichola has been very anxious to get something in the house for snake-bite because very often our novices and postulants see cobras on the grounds. While we were out on business one day, Sister M. Nichola and I met a 'snake-doctor.' He treats only snakebites and it is the custom that he may not exact any fee for his services or his medicine but must meet all the expenses himself. If his patient wishes to make an offering, he may accept. He showed us a very large ledger book all handwritten with the different treatments he uses. He gave Sister a few pieces of a special kind of bark, not found here, very effectual for snake bite, especially of poisonous snakes. If anyone gets bitten, scrape off some of the bark, mix with water into a pill about the size of one's little fingernail, and give to the patient. Also if one just carries 80 grs. of this bark on one's person, there is no danger of snake bite. This 'snake-doctor' also said that if you just touch the snake with a piece of the bark, it will not bite—but it will die instantly. (I'm sure I'd be dead before I had the courage to touch the cobra or manchetti with three inches of bark!)"

"One evening while reciting Compline in the Oratory, a novice up front suddenly pounced on something. There was a big fat scorpion! Then another novice stamped on it but it ran from under her foot. I had never seen such a huge one and thought of St. Theresa where she says in her book that a big toad came into the room. Sister Xavier, the second cantor, had heavy chaplins (sandals) on, so she stamped on it with all her force and in the meantime Sister Francis had run out to get a stick. Finally they killed it. All said they had never seen such a "tough grandfather scorpion" before. Scorpion bite is not usually fatal but it is terribly painful. This one ran in from my room and sometime ago Sister M. Stephanie killed one there. Now I am wondering where the rest of the family are? I must say almost anything can happen here."

MISSION CLIPPER

Dr. Maria Kunz, mission doctor in South Africa, has been awarded by the Holy Father the decoration Pro Ecclesia et Pontifice for her services to the missions and the sick, according to information received from Rome.

Dr. Kunz, who is at present on vacation in her home in Switzerland, came to South Africa in 1936 and started medical mission work at McKay's Nek in a temporary hospital. In 1940, with the opening of the Glen Grey hospital, she transferred there. The hospital is a first class hospital and training center for European and African nurses. Up to the present it has had 100 per cent passes in State examinations. The hospital has a daily average of 250 patients. Dr. Kunz is also the district surgeon and travels an average of 3,000 miles a month.

Dr. Kunz holds medical degrees from Swiss, German, and Irish universities, and did special training at the Wurzburg Medical Mission Institute.

—The Bulletin, National Catholic Women's Union

The Catholic Medical Mission Institute of Wurzburg, Bavaria, was founded twenty-five years ago on August 24. At present the Medical Mission Institute is used as a hospital, and the present members of the Institute who are now in Germany live in temporary quarters in the city, according to news recently received from there.

The Institute was founded in 1922 by Rt. Rev. Msgr. P. Becker, S.D.S., some time after his return from Assam, India, where he had been Prefect Apostolic. The members of the Institute are laymen and laywomen who study medicine, dentistry, or pharmacy and when qualified offer their services to some established mission.

Our Lady of Angels Hospital in Pensacola, Florida, is the only maternity hospital in the state for colored mothers. It is a project, of the Maryall Negro missions, of which Rev. John J. Raleigh is the director, and is under the supervision of the Sisters of St. Francis from Glen Riddle, Pennsylvania. The hospital has a capacity of 20 beds and 20 bassinets and since its founding in March, 1946, more than 1,000 babies have been born there.

The Catholic Church in India has a unique opportunity to heighten its prestige in the newly independent nations by serving as mediator between the rival religious factions, Bishop Francis T. Roche, S.J., of Tuticorin, India, states. Bishop Roche is in the United States seeking funds for a new leper asylum in Tuticorin, on which construction has been begun. The asylum, dedicated to St. Joseph, is being staffed by the Franciscan Missionaries of Mary and will have accommodations for 50 beds. There are about 5,000 lepers in this area, and about one million lepers in India.

R. I. P.

Please pray for the repose of the souls of:

Most Rev. Henry Althoff
Bishop of Belleville, Illinois

Rt. Rev. Msgr. James J. Horsburgh
Chicago, Illinois

Rt. Rev. Msgr. Daniel McGettigan
Philadelphia, Pa.

Rt. Rev. Msgr. Peter Guilday
Washington, D. C.

Rev. Arthur J. O'Leary
Dixie, Ontario, Canada

Rev. Joseph Redmond
New York, N. Y.

Sister Mary Raphael McGurty
Cornwells Hts., Pa.

Mother M. Gertrude Coen, C.S.C.
South Bend, Indiana

Mrs. Carl Ries
Washington, D. C.

Mrs. Frances Logan
Washington, D. C.

Major Harvey G. Callahan
Washington, D. C.

Mr. Hubert Neuhaus
Germany

(Father of Sr. M. Monica, S.C.M.M.)

Today the Church needs witnesses who reflect the life of Christ amidst the surrounding pagan world, and who show through their charity the material affection of the Church for her suffering members.

POPE PIUS XII
